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| EMPLOYMENT APPLICATION FORM | | | | | | | | |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | | | | | |
| PLEASE COMPLETE PAGES 1-4. | | | | | | Date: | | |
| Name: | | | | | | | | |
| Last First Middle Maiden | | | | | | | | |
| Present Address: | | | | | | | | |
| Number Street City State Zip | | | | | | | | |
| How Long: | | | | Social Security No.: | | | | |
| Telephone: | | | | | | | | |
| Email address: | | | | | | | | |
| Position Applied For: | | | | | Days/Hours Available to Work:  No Pref Thur  Mon Fri  Tue Sat  Wed Sun | | | |
| Salary Desired: | | | | |
|  | | | | |
| How many hours can you work weekly? | | | Can you work nights? | | | | | |
| Employment Desired:   FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME | | | | | | | | |
| EDUCATION & OTHER INFORMATION | | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | | | | | NO. OF YEARS COMPLETED | MAJOR & DEGREE |
| High School | | | | | | | | |
|  |  |  | | | | |  |  |
| College | | | | | | | | |
|  |  |  | | | | |  |  |
| Professional School | | | | | | | | |
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| Have you ever been convicted of a crime?   No  Yes | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. | | | |
| Do you have a driver’s license?   Yes  No | | | |
| What is your means of transportation to work? Make & Model | | | |
| Driver’s License Number: State of issue: Expiration Date: \_\_\_\_\_\_\_ | | | |
| Do you have Car Insurance  Yes  No  Please provide a copy of your insurance card | | | |
| Have you had any accidents during the past three years? | | | How many? |
| Have you had any moving violations during the past three years? | | | How Many? |
| EMERGENCY CONTACT | | | |
| NAME: RELATIONSHIP | | | |
| Primary Number | Cell Number | | |
| Please list two references other than relatives or previous employers. | | | |
| Name | | Name: | |
| Position: | | Position: | |
| Company: | | Company: | |
| Address: | | Address: | |
| Telephone: | | Telephone: | |

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| Work Experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | |
| Job One | | | | |
| Name of Employer: | | Name of Last Supervisor | Employment Dates  From:  To: | Salary  Start:  Final: |
| Complete Address: | | |
| Phone Number: | | Your Last Job Title: | | |
| Reason for Leaving (be specific): | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | |
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| Job Two | | | | |
| Name of Employer: | | Name of Last Supervisor: | Employment Dates  From:  To: | Salary  Start:  Final: |
| Complete Address: | | |
| Phone Number: | | Your Last Job Title: | | |
| Reason for Leaving (be specific): | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | |
| ***Certification and Release:*** I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions, or misrepresentation of facts will result in rejection of this  application and/or discharge at any time during employment. I authorize \_\_\_\_\_\_\_\_\_\_to verify all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.  ***Restrictive Covenant:*** I agree not to do business directly with any individual or business entity that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has introduced to me or by entering employment with such individuals or businesses.  ***PLEASE NOTE***: \_\_\_\_\_\_\_\_\_\_\_\_\_must be aware of any pre-existing medical conditions that may interfere or limit your caregiving responsibilities within your job description.  **Please List**:  Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  **For Office Use Only** Application Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_  CG Interviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |